

OFFICE OF THE GOVERNOR-ELECT AND LT. GOVERNOR-ELECT

Lucas Building Des Moines, IA 50319
(515) 725-2000
www.govelect.iowa.gov

Send this application form and a copy of your resume.

Email to: igovelect.contact@iowa.gov,

FAX to: 515-725-2017, or

Mail to: Office of Governor-elect, Attn: Internships, Lucas Building, Des Moines 50319

Your Name: _____

Areas of interest (Rank in order of priority; 1 = highest priority)

___ Communications ___ Policy ___ Outreach ___ Casework

___ Administrative ___ Legal

Circle the Internship Cycle(s) You Are Available For:

Spring
(January-May)

Summer
(June-August)

Fall
(September-December)

Specify Dates of Availability: _____

Specify the Weekdays and Hours You Will Be Able to Work Weekly:

Note: You must commit to at least 16 hours per week to qualify.

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

PERSONAL INFORMATION

Current Address:

Permanent Address:

Phone(s): _____(H)

Phone: _____(H)

Mobile: _____

High School: _____

High School Address: _____

Email: _____

Date of Birth: _____ Year of H. S. Graduation: _____

College(s) Attended: _____

College Graduation Date: _____

Major(s) _____ Major GPA: _____

Minor(s): _____ Overall GPA _____

Additional Education: _____

Area of Focus: _____

Date of Graduation: _____

GPA: _____

EXPERIENCE/MOTIVATION

Work Experience:

Political Experience:

Extracurricular Activities:

What do you hope to gain from an internship in our office?

What are your long-term career goals?

Will this internship will qualify for credit? yes no

The faculty advisor or internship coordinator that will be working with our office and you to facilitate this internship:

Name: _____ Phone: _____



(Please Provide Three)

Name: _____

Address: _____ Phone: _____

Name: _____

Address: _____ Phone: _____

Name: _____

Address: _____ Phone: _____

Additional Questions or Comments:
